

09/08/13

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 602104	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/	/	/	/	/		51			
2	/	/	/	/	/		52			
3	/	/	/	/	/		53			
4	/	/	/	/	/		54			
5	/	/	/	/	/		55			
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7	/	/	/	/	/		57			
8	/	/	/	/	/		58			
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10	/	/	/	/	/		60			
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47							97			
48							98			
49						99				
50						100				
TOTAL IND.						TOTAL IND.				
TOTAL DEP.						TOTAL DEP.				
TOTAL CLAIMS						TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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